

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jane Biggs* Town *Chesapeake City* County *Essex*

Died at *Chesapeake City* Maryland

Date of death 190 *9* Month *July* Day *13* Age *Still Born* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Chesapeake City Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married~~ Single ☒ Name of Wife or Husband \_\_\_\_\_  
~~or Widowed~~

Father's Name *Wm J Metz* Father's Birthplace *Md.*

Mother's Maiden Name *Blanche Biggs* Mother's Birthplace *Md.*

Name of person giving Information *Blanche Biggs* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

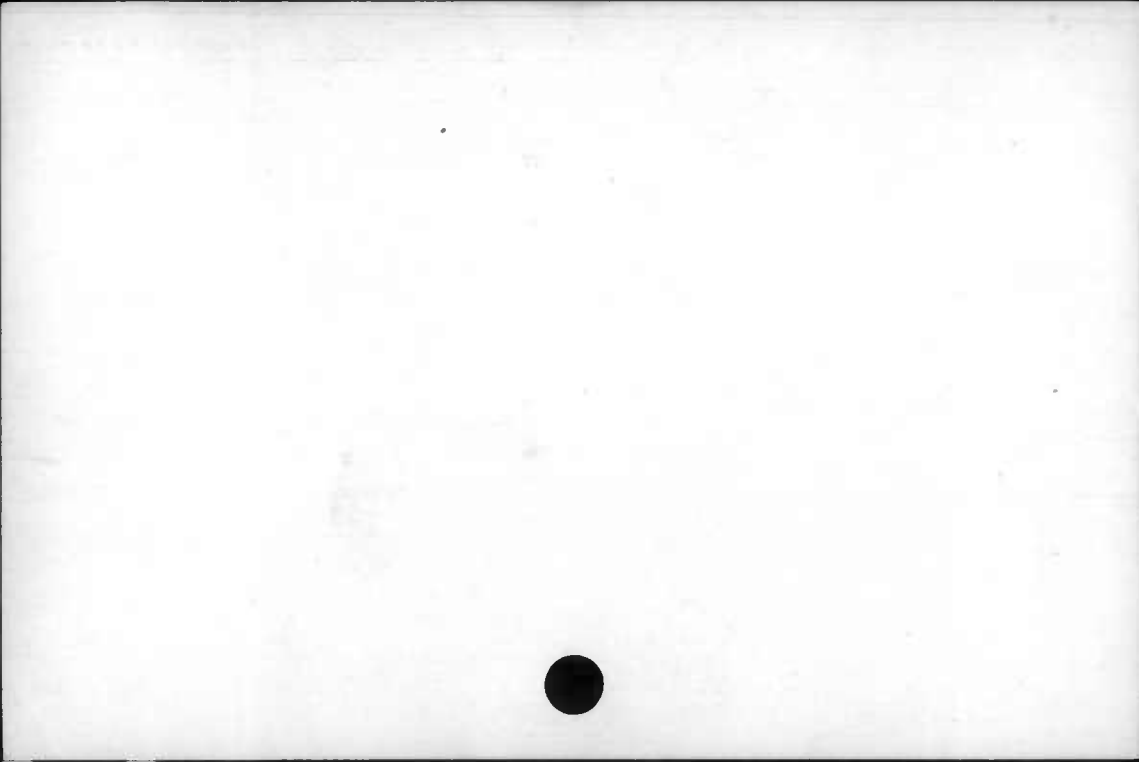
Primary *Still born* How long \_\_\_\_\_

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, data and place correctly given above? *Yrs.* Signature of Physician *Alfred G. Lang Md*

Address *Ches. City Md.*

Accident or Suicide



Name  
in  
Full

Albert Woodston Cushman Boddy  
Rowlandville Cecil County MARYLAND

CERTIFICATE OF DEATH

Died at Rowlandville Cecil County MARYLAND  
Date of death 1909 July 27 Age 6 weeks 4 Days  
Sex Male Color or Race Colored Birth-place Rowlandville  
Occupation None Infant Where Residing if not at place of death at home  
Married, Single or Widowed Single Name of Wife or Husband None  
Father's Name Elwood Marvel Boddy Father's Birthplace Richardsmere  
Mother's Maiden Name Josephine Flanders Harris Mother's Birthplace Rowlandville  
Name of person giving Information Hattie Harris How related to deceased Aunt

CAUSES OF DEATH

Primary Cholera Infantum - How long 20 days  
Immediate Heart Failure How long 3 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

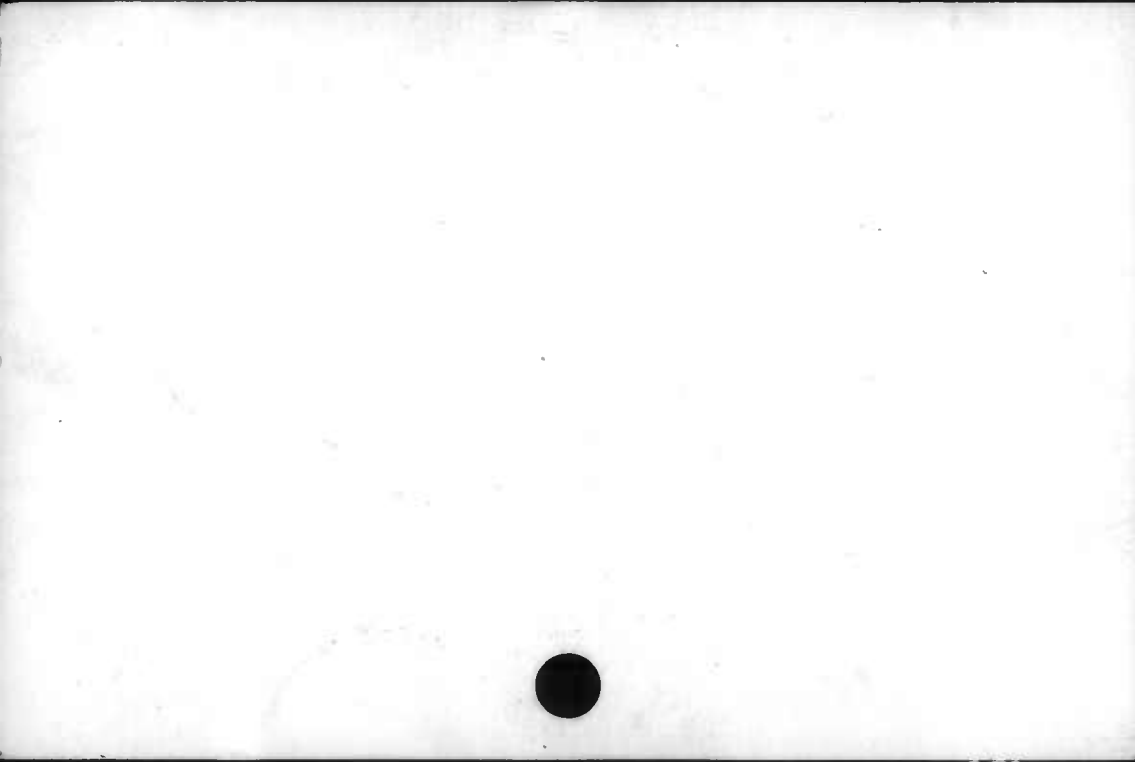
W. J. Jack  
Liberty Grove Md

Accident or Suicide

No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name

is Full

## CERTIFICATE OF DEATH

Robert Morton Bruce.

Town

County

MARYLAND

Died at

Elk Neck.

Cecil

Date

of death

190

9.

July

Month

Day

31.

Age

Years

Months

3.

Days

29.

Sex

Male.

Color or Race

White

Birth-place

Elk Neck.

Occupation

Where Residing if not at place of death

Married, Single or Widow

Name of Wife or Husband

Father's Name

George F. Bruce.

Father's Birthplace

North East.

Mother's Maiden Name

Sarah E. Lotman

Mother's Birthplace

Elk Neck.

Name of person giving Information

Sarah E. Bruce.

How related to deceased

Mother

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

Six days

Immediate

Brain Fever

How long

2 days

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Address

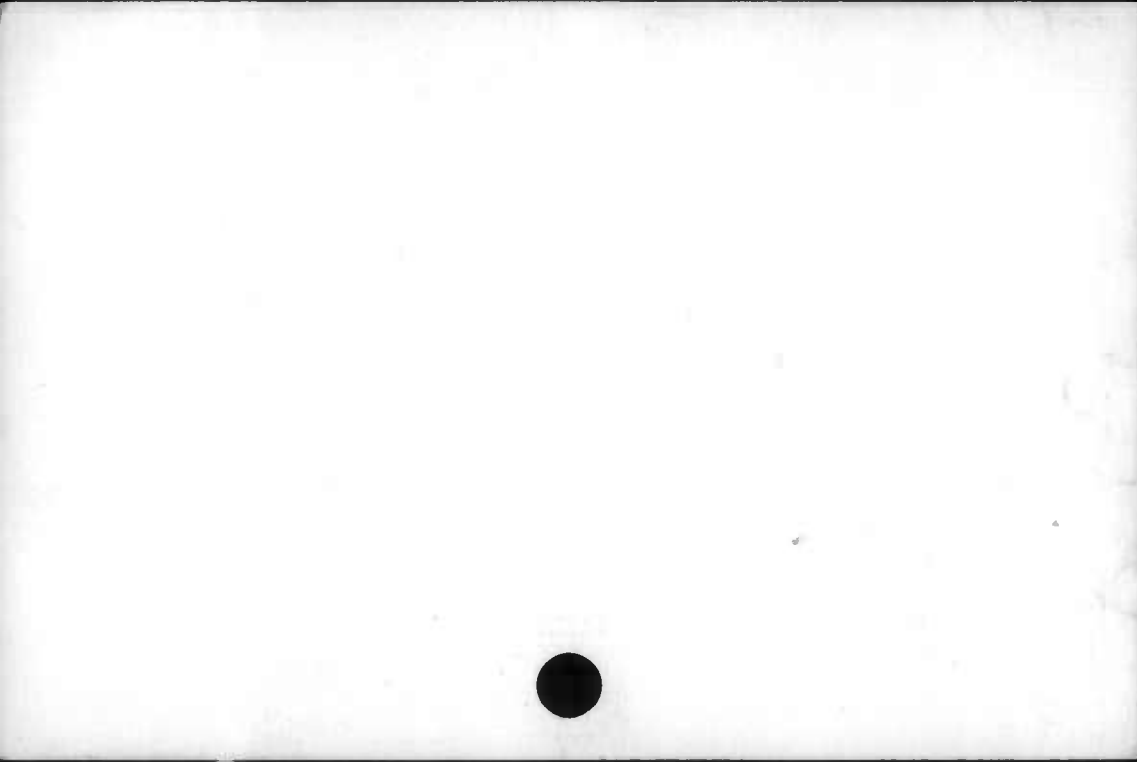
J. J. Hannick

North East

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

*Samuel Crossan*  
*Barkdale* <sup>town</sup>  *Cecil* <sup>County</sup>

CERTIFICATE OF DEATH

MARYLAND

Died at *Barkdale* <sup>town</sup> *Cecil* <sup>County</sup>  
Date of death | 90 *9* <sup>Month</sup> *7* <sup>Day</sup> *22* <sup>Years</sup> *65* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife *Nettie Crossan*

Father's Name *Washington Crossan* Father's Birthplace *Del*

Mother's Maiden Name *Lydia A. Yeatman* Mother's Birthplace *Del*

Name of person giving information *Nettie Crossan* How related to deceased *wife*

CAUSES OF DEATH

Primary *Paralysis* How long *2 mce*

Immediate *Coma* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *8* Signature of Physician *O. J. Carver M.D.*

Address *Cherry Hill*

Accident or Suicide?

147





Name  
in  
Full

Margaret, M. Dickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Neof Baltimore* County *Cecil* MARYLAND

Date of death 190*9* Month *7* Day *24* Age *40* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of ~~Wife~~ or Husband *Thomas. G. Dickerson*

Father's Name *Vincent Benton* Father's Birthplace *Maryland*

Mother's Maiden Name *Amanda Dawson* Mother's Birthplace *Maryland*

Name of person giving Information *Thos. G. Dickerson* How related to deceased *Her son*

CAUSES OF DEATH

Primary *Valvular Heart Disease* How long *Indefinite*

Immediate *Oedema of Lungs* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

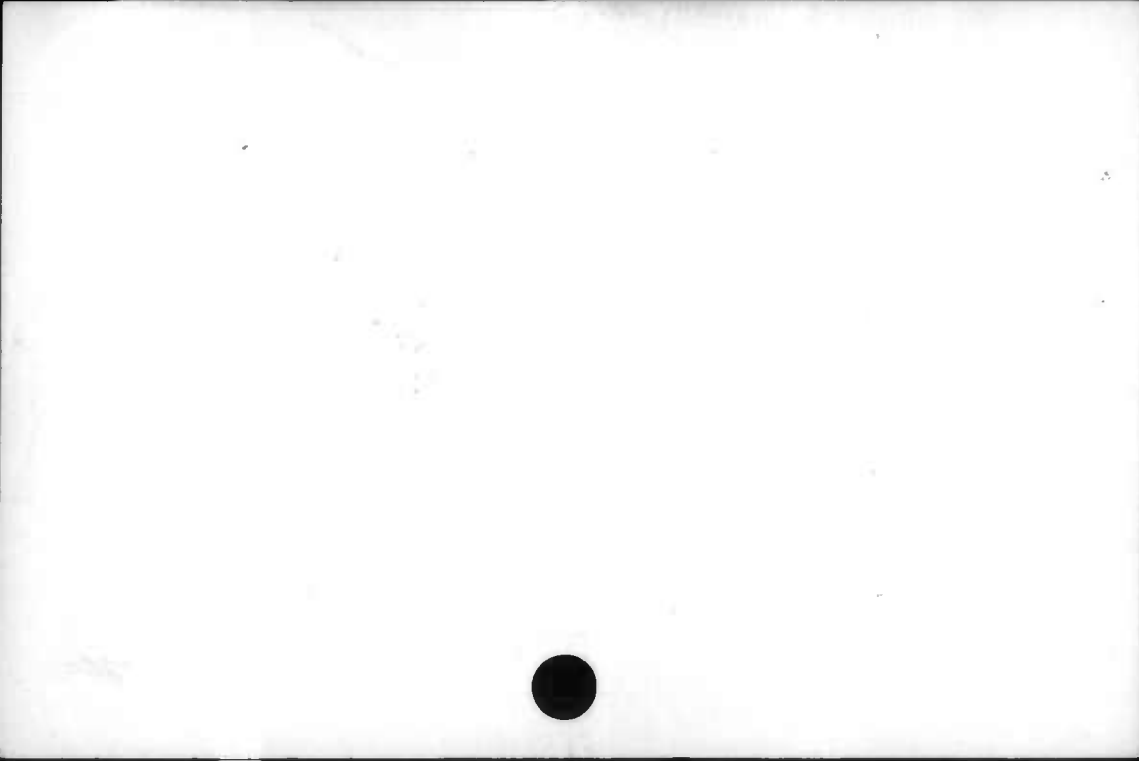
*R M Black*

Address

*Beechtown Md*

PHYSICIAN  
OR CORONER

Accident or Suicide *—*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *William Ewing* Town *Alms House* County *Cecil*

Died at *Alms House* Month *July* Day *4* Years *73* Months  Days

Date of death *1909 July 4* Age *73*

Sex *male* Color or Race *white* Birth-place *W. Pleasant Md Cecil Co*

Occupation *Sabrer* Where Residing if not at place of death *at Alms House*

Married, Single or Widowed *widower* Name of Wife or Husband *Hester Ewing Dec 1*

Father's Name *Alexander Ewing* Father's Birthplace *Local Co Md*

Mother's Maiden Name *Lucinda Johnson* Mother's Birthplace *" " "*

Name of person giving Information *Lewis C Ewing* How related to deceased *Brother*

CAUSES OF DEATH

*154*

How long

*X*

PHYSICIAN  
OR CORONER

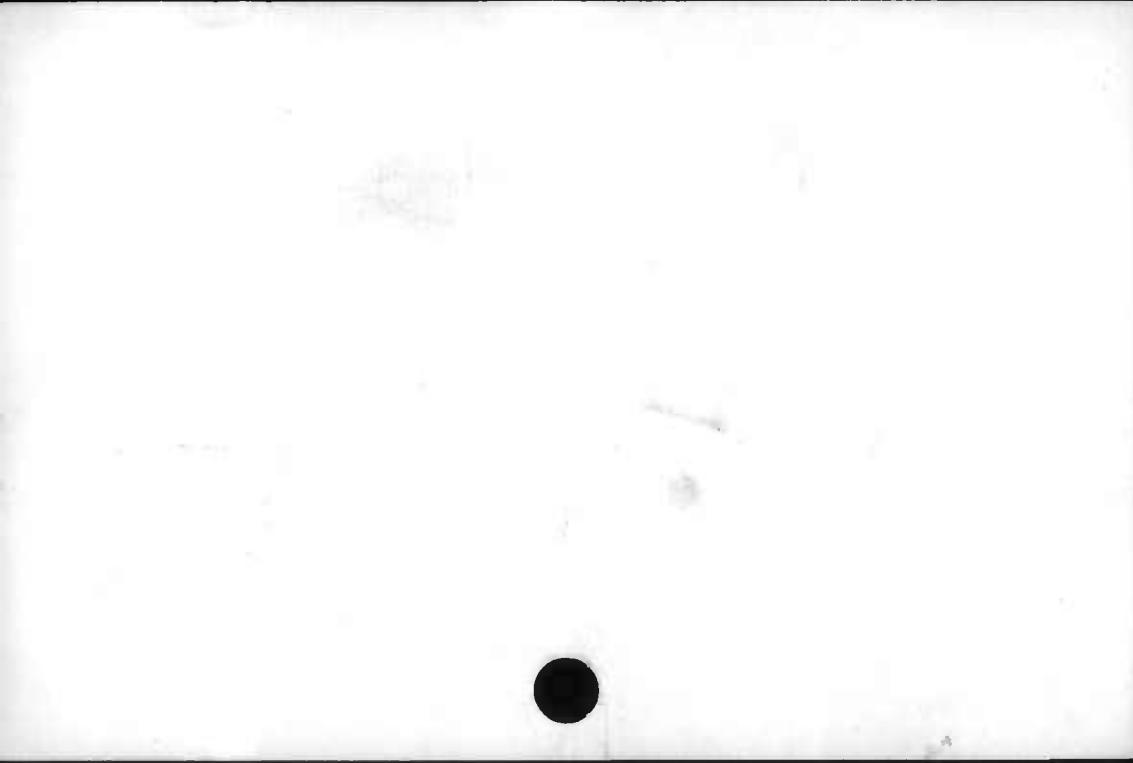
Primary *Old age* How long *3 weeks*

Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Morrison M.D.*

Address *Elkton, Md.*

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Catharine R. Mefford

Town

County

Died at

North East

MARYLAND

Date

of death

1909

Month

July

Age

66

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

N. Kent

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

George Mefford

Father's  
Name

John Mefford

Father's  
Birthplace

MD

Mother's  
Maiden Name

E. Lewis

Mother's  
Birthplace

Maryland

Name of person giving  
Information

W. Mefford

How related  
to deceased

CAUSES OF DEATH

Primary

Heart

How long

How long

One week

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

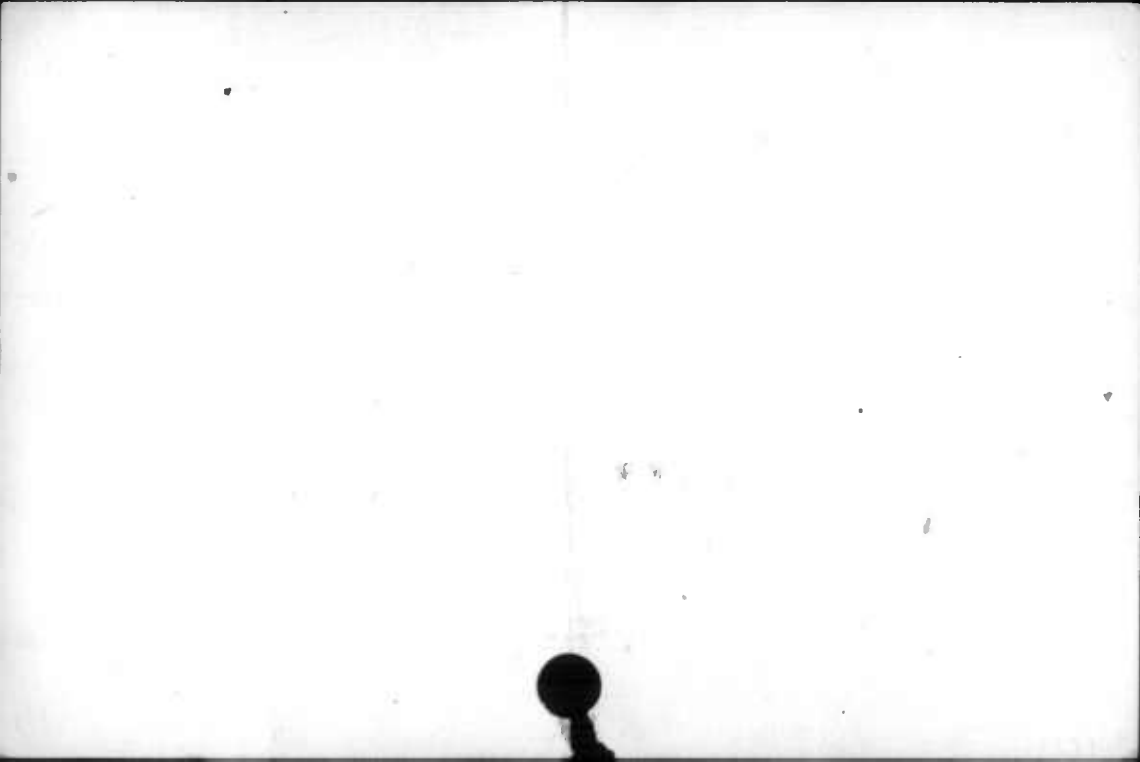
Address

D. Mefford  
N. Kent

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

~~Accident or Suicide~~



Name  
in  
Full

Charles Gosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Cecilton <sup>County</sup> Cecil

Date of death 190 9 <sup>Month</sup> 7 <sup>Day</sup> 31 <sup>Years</sup> Age 4 6 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race Black Birth-place Ind-

Occupation Labour Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Charlotte L. Gosley

Father's Name Not Known Father's Birthplace Unknown

Mother's Maiden Name Not Known Mother's Birthplace Unknown

Name of person giving Information Charlotte L. Gosley How related to deceased Wife

CAUSES OF DEATH

27

Primary Chronic Pneumony How long 7 months

Immediate Pulmonary Hemorrhage How long 1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. H. Crawford  
Cecilville Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

William H. Hahn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at North East Town Becil County MARYLAND  
Date of death 1909 July 20 Month July Day 20 Age 65 Years — Months — Days —  
Sex Male Color or Race White Birth-place Berks Co.  
Occupation Ironworker Where Residing if not at place of death —  
Married, Single or Widowed married Name of Wife or Husband Rose T. Hahn  
Father's Name John Hahn Father's Birthplace Berks Co.  
Mother's Maiden Name Catherine Lewis Mother's Birthplace Berks Co.  
Name of person giving Information Mary C. Smith How related to deceased daughter

CAUSES OF DEATH

Primary

Malignant Ulcer of Stomach  
Exhaustion

How long

103

Immediate

Are the name, age, sex, color, date and place correctly given above?

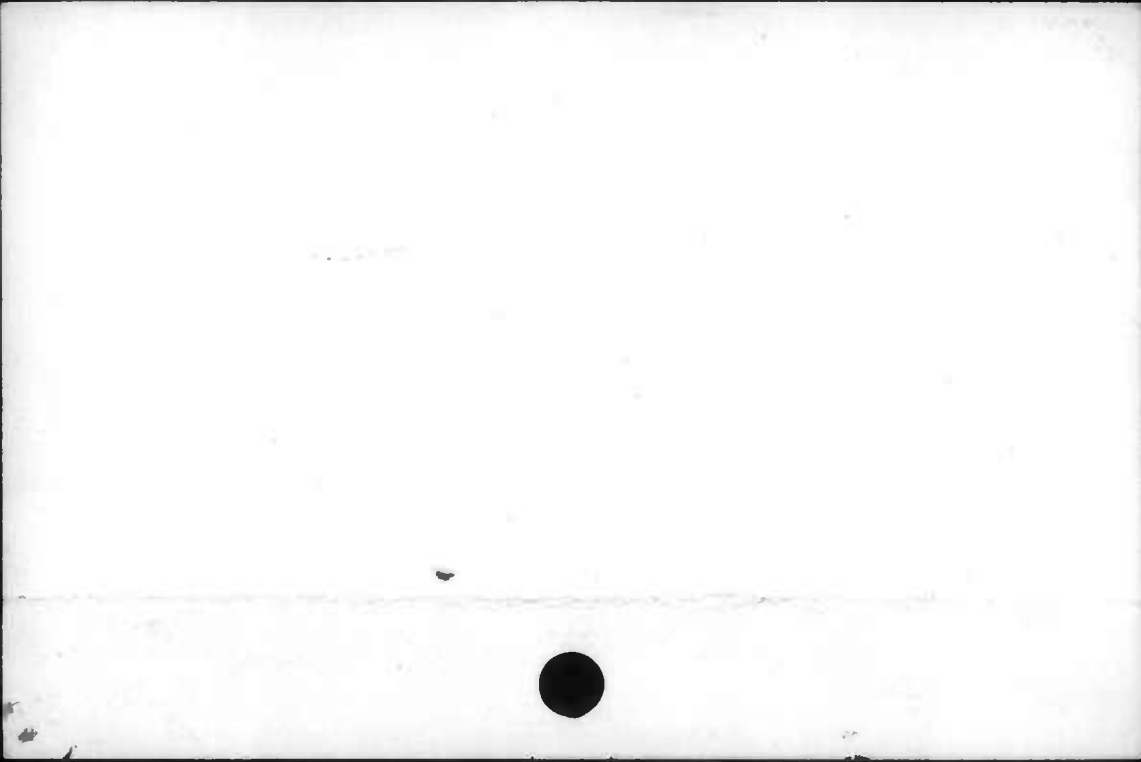
Signature of Physician

Address

B. P. [Signature]  
N. Room  
in

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Carrie Georganna ~~Blain~~ Hammond

CERTIFICATE OF DEATH

Town

County

Died at Melhornie Valley

Cecil

MARYLAND

Date of death 1909 July

Month

Day

4

Age

Years

Months

3

Days

Sex Female

Color or  
Rece

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name James Hammond

Father's  
Birthplace

Delaware

Mother's Maiden Name Mary Hammond

Mother's  
Birthplace

Maryland

Name of person giving  
Information Mary Hammond

How related  
to deceased

Mother

CAUSES OF DEATH

105

3 days

Primary Acute Alcoholic

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. H. Cantwell, M.D.  
1111 E. 1st  
Baltimore, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

243

Name  
in  
Full

## CERTIFICATE OF DEATH

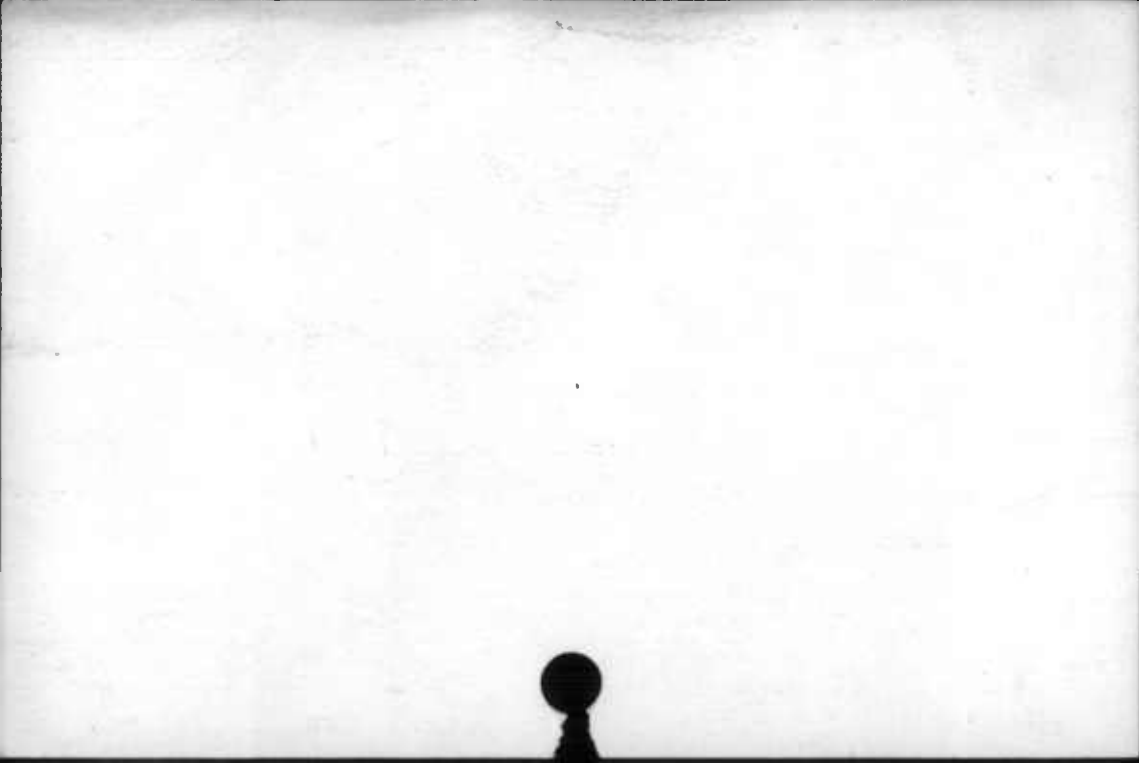
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Watson Island</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>16</i>	Age <i>50</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>P.A.</i>			
Occupation <i>Engineer</i>	Where Residing if not at place of death <i>Pennsylvania</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or <del>Husband</del> <i>Annie Hartman</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Annie Hartman</i>	How related to deceased <i>Wife</i>				

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary <i>Struck by machine car on N. &amp; D. A. and knocked off bridge</i>	How long
Immediate <i>Negligence on part of deceased</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James Fager</i>
Address <i>Exmore</i>	
Accident or Suicide <input checked="" type="checkbox"/>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chesapeake City</i>		County <i>Carle</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Palmer, N. Y.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Esther Herbert</i>					
Father's Name <i>Frederick Herbert</i>		Father's Birthplace <i>H. J. N. F.</i>					
Mother's Maiden Name <i>Esther Mary</i>		Mother's Birthplace <i>Jersey City</i>					
Name of person giving Information <i>Esther Herbert</i>		How related to deceased <i>Mother</i>					

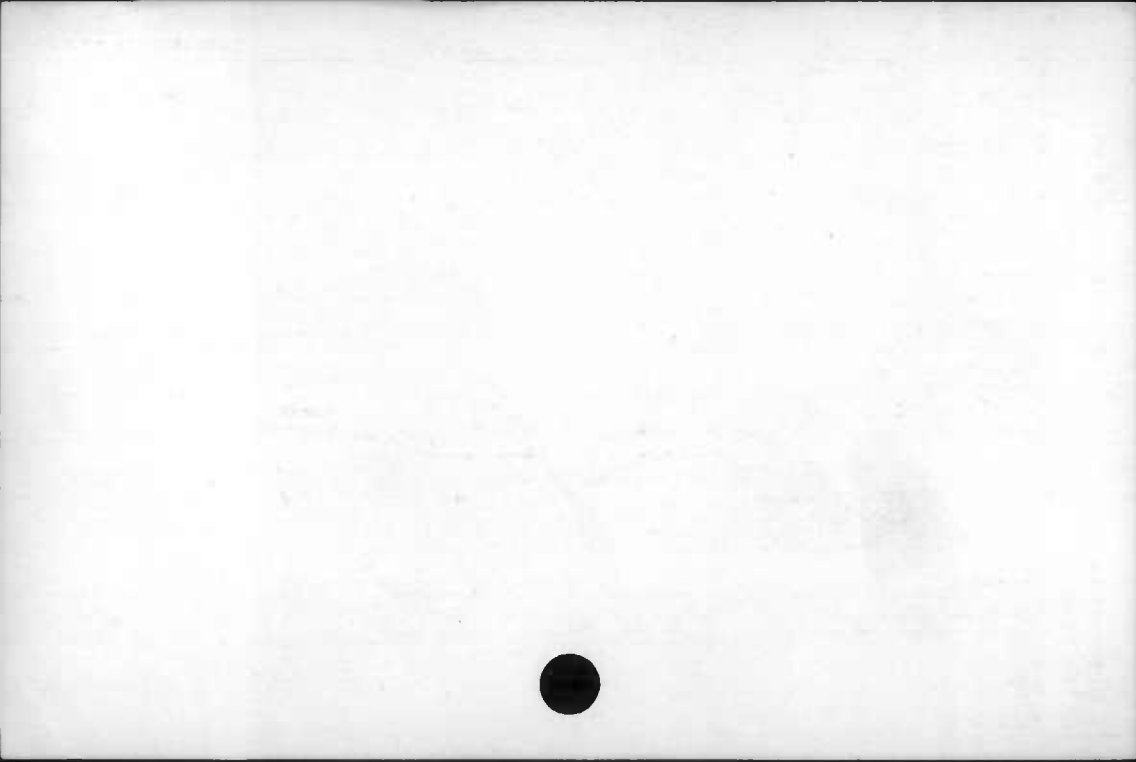
## CAUSES OF DEATH

How long


How long

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 months</i>
Immediate <i>Cerebral Convulsion</i>	How long <i>Two hours</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>T. L. Conroy</i>
Address <i>Chesapeake City</i>	
Accident or Suicide <i>8</i>	





Name in Full		Rachel Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Theodore Town		Cecil County		MARYLAND		
	Date of death	1905	Month	July	Day	26	Age	82
	Sex	Female		Color or Race	White		Birth-place	Penn
	Occupation	Housewife		Where Residing if not at place of death		Theodore Cecil Co Md		
	Married, Single or Widowed	widow		Name of Wife or Husband		James P. Brown		
	Father's Name	Do not know		Father's Birthplace		Maryland		
	Mother's Maiden Name	Fry		Mother's Birthplace		Do not know		
Name of person giving information	Son		How related to deceased		Son			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Apoplexy				How long	64 x one week	
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	Address	
				 B. H. Hunsicker North Room				
Accident or Suicide? <u>2</u>								



Name  
in  
Full

Clarence Jordan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death	1909	Month	7	Day	18	Age	<i>—</i>	Months	3
Sex	<i>Male</i>		Color or Race	<i>African</i>		Birth-place	<i>Chesapeake City</i>		
Occupation	<i>Infant</i>				Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband <i>X</i>						
Father's Name	<i>don't know</i>					Father's Birthplace	<i>X</i>		
Mother's Maiden Name	<i>Rachel Jordan</i>					Mother's Birthplace	<i>Cecil Co</i>		
Name of person giving Information	<i>Rachel Jordan</i>					How related to deceased	<i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stomach Infection</i>	How long	<i>105</i> <i>X</i>
Immediate	<i>meningitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, data and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Mrs. Karsner</i>
		Address	<i>Chesapeake City</i>
Accident or Suicide			



Name  
in  
Full

CERTIFICATE OF DEATH

Gladys Corinne Keithly  
Town Cherry Hill County Cecil

MARYLAND

Died at

Date

of death

1909

Month

July

Day

31

Age

Years

Months

4

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Charles Keithly

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Helen B Keithly

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Rachael Keithly

How related  
to deceased

Grandmother

CAUSES OF DEATH

Primary

Enterocolitis

How long

105

10 days

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

C. P. Conico M.D.,  
Cherry Hill,  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

248—

Name  
in  
Full

## CERTIFICATE OF DEATH

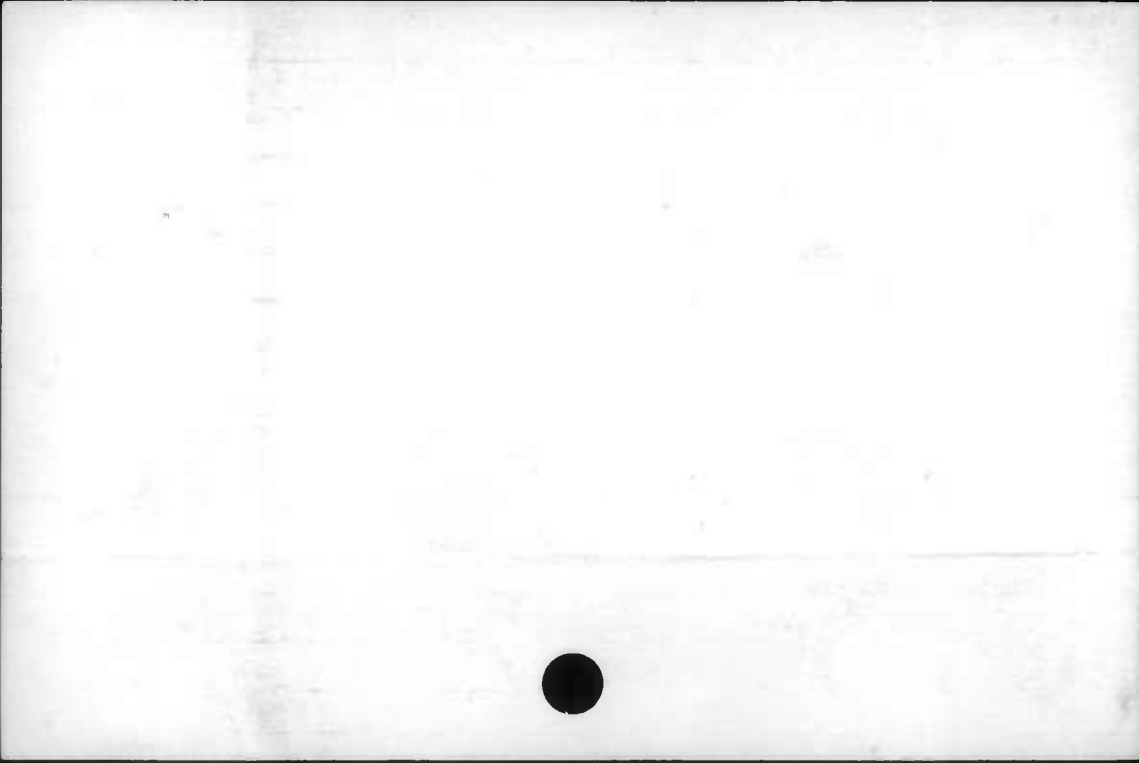
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Kirk's Mills</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	1909	Month	July	Day	19	Years	Age 82
Sex	Male	Color or Race	White	Birth-place		Months	4
Occupation	Miller & Farmer		Where Residing if not at place of death		Kirk's Mills Md.		
Married, Single or Widowed	Married	Name of Wife or Husband		Victoria Kirk			
Father's Name	Caleb Kirk			Father's Birthplace		Md.	
Mother's Maiden Name	Ann L. Haddock			Mother's Birthplace		Ireland	
Name of person giving Information	Victoria Kirk			How related to deceased		Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Softening of the Brain</i>		How long	<i>65</i>
Immediate	<i>Exhaustion</i>		How long	<i>Three weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>D. L. Gifford</i>		
Address		<i>Yorker</i>		
Accident or Suicide		<i>Mer</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

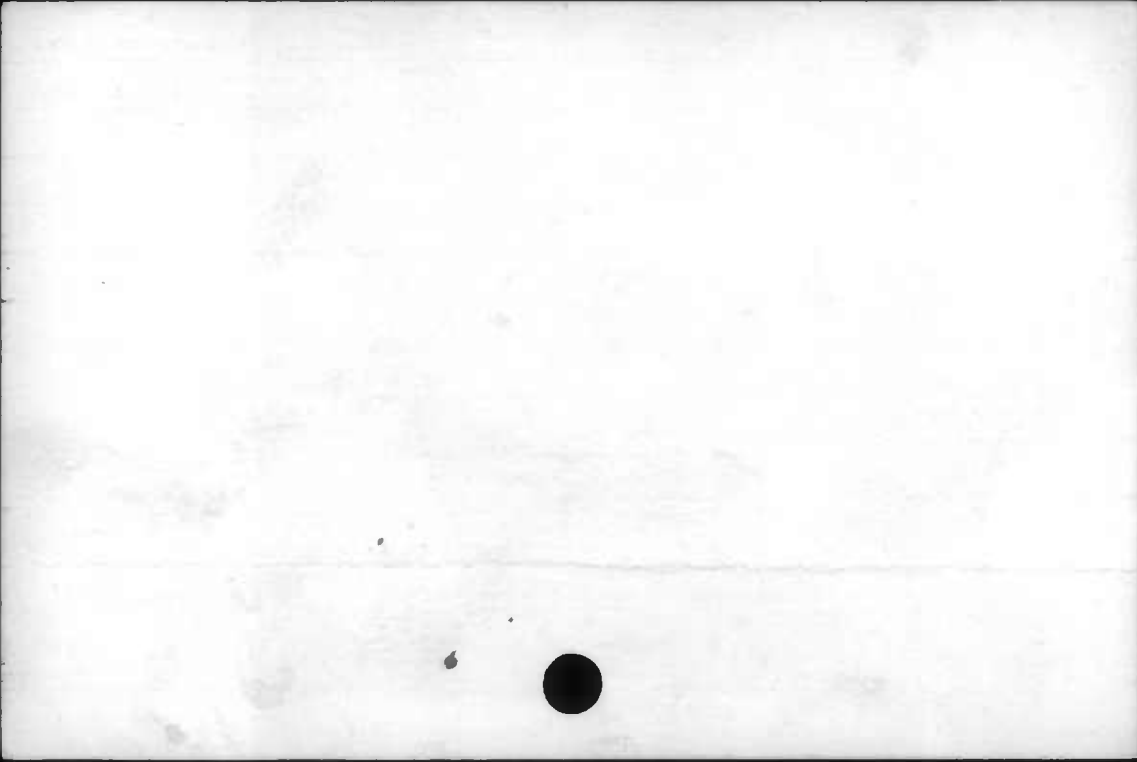
Died at <i>Near Pleasant Hill</i>		Town <i>Cecil</i>		County		MARYLAND					
Date of death	1909	Month	July	Day	16	Age	32	Months	No.	Days	16
Sex	male		Color or Race	White		Birth-place	Cecil Co. Md.				
Occupation	Carpenter				Where Residing if not at place of death		Near Pleasant Hill				
Married, Single or Widowed	Married		Name of Wife or Husband		Jesse. Krauss						
Father's Name	Daniel L. Krauss					Father's Birthplace	Cecil Co. Md.				
Mother's Maiden Name	Martha A. Thicker					Mother's Birthplace	Cecil Co. Md.				
Name of person giving Information	Daniel L. Krauss					How related to deceased	Father.				

## CAUSES OF DEATH

62 X

PHYSICIAN  
OR CORONER

Primary	<i>Locomotor Ataxia</i>		How long	<i>Six years</i>	
Immediate	<i>Exhaustion</i>		How long	<i>In heart &amp; nerves</i>	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				<i>D. Z. Gifford</i>	
				Address	
				<i>Zebulon</i>	
				<i>Md.</i>	
Accident or Suicide					



Name  
in  
Full

CERTIFICATE OF DEATH

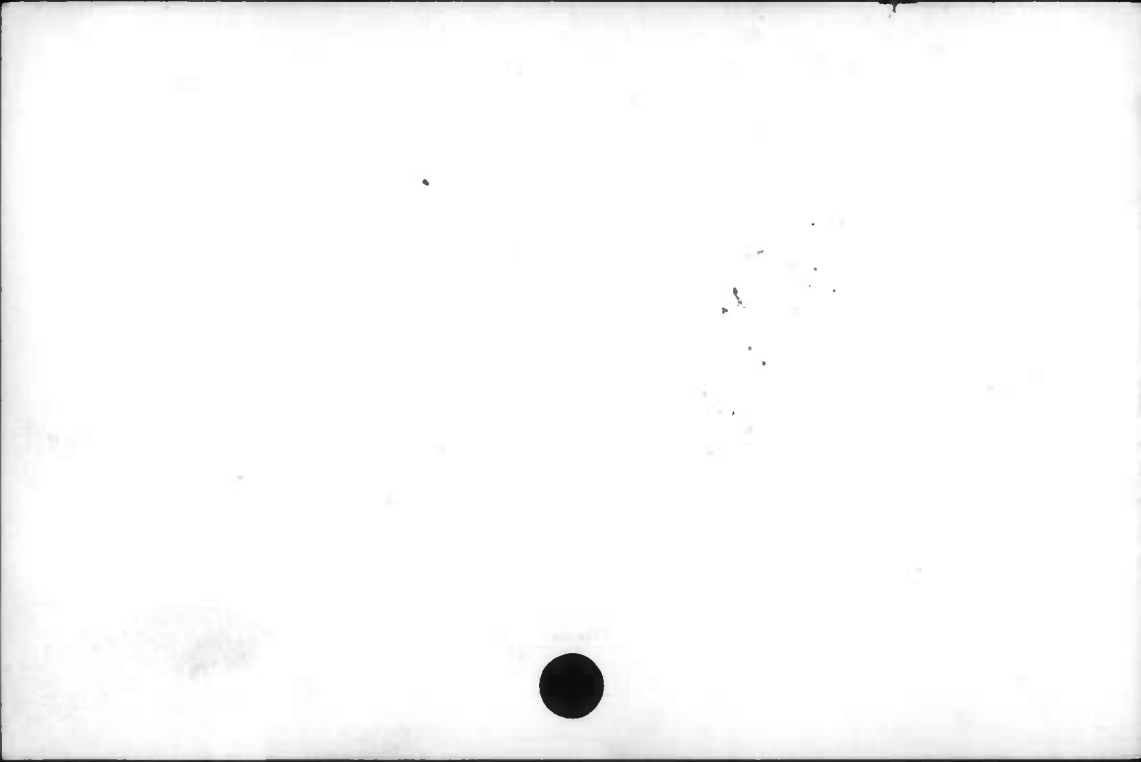
TO BE ANSWERED BY  
NEAREST FRIEND

Name *George Lloyd Cecil* County *Cecil*  
Died at *Elkton Hospital* MARYLAND  
Date of death 1909 *July* *28* Age *7*  
Sex *Male* Color or Race *White* Birth-place  
Occupation *Laborer* Where Residing if not at place of death  
Married, Single or Widowed Name of Wife or Husband  
Father's Name Father's Birthplace  
Mother's Maiden Name Mother's Birthplace  
Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid* How long *3 weeks*  
Immediate *ant.* How long  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *Dr. D. Cawley*  
Address *Elkton Md*  
Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

Walter Thomas Mann.  
Town County

MARYLAND

Died at Perryville

Date

of death

1909

Month

July

Day

22

Age

Years

Months

4

Days

16.

Sex

Male

Color or  
Race

White

Birth-  
place

Perryville

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Walter Mann.

Father's  
Birthplace

Columbia Pa.

Mother's  
Maiden Name

Miriam Thomas.

Mother's  
Birthplace

Port Deposit Md.

Name of person giving  
informationHow related  
to deceased

Mother

## CAUSES OF DEATH

71

X

Primary

Eclampsia -

How long

Ten days

Immediate

Progressive Cardiac Asthenia

How long

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

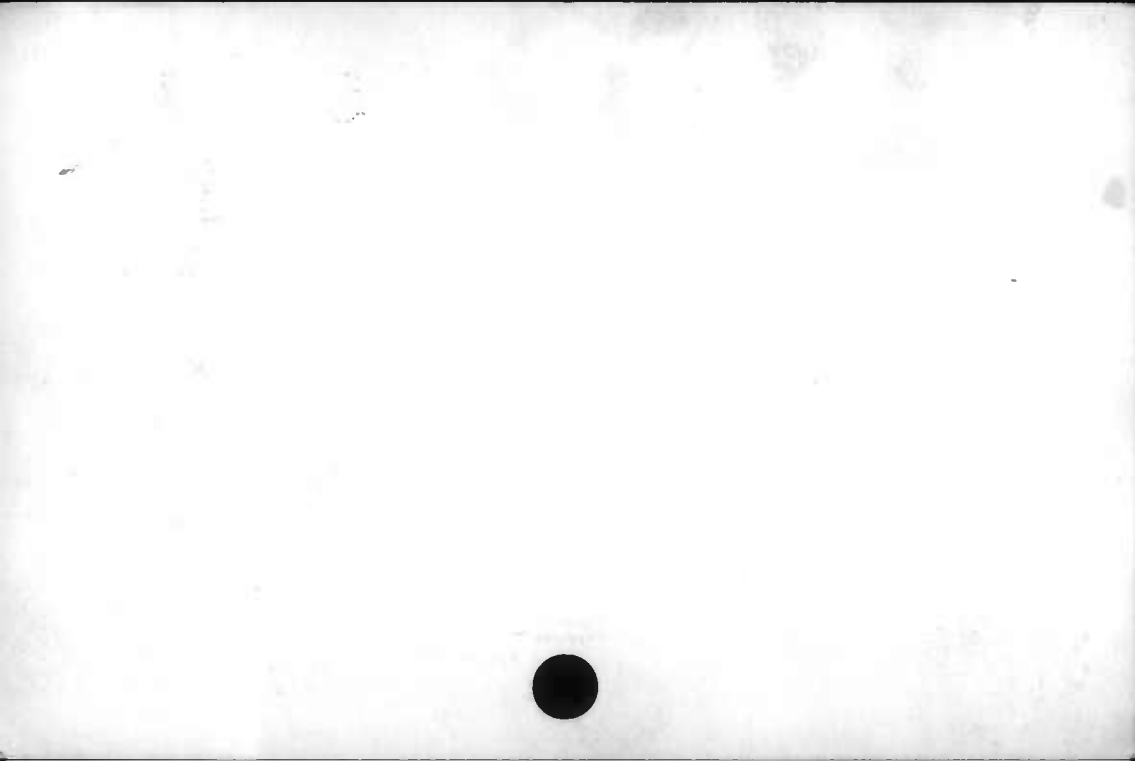
L. G. Taylor, M.D.

Address

Perryville, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Paul Leroy Marcus

## CERTIFICATE OF DEATH

Died at

Elkton

Town

County

Cecil

MARYLAND

Date  
of death

1909

Month

July

Day

22

Age

Years

-

Months

-

Days

7

Sex

male

Color or  
Race

white

Birth-  
place

Md

Occupation

-

Where Residing if not  
at place of deathMarried, Single  
or Widowed

-

Name of Wife or  
HusbandFather's  
Name

William M. Marcus

Father's  
Birthplace

Md

Mother's  
Maiden Name

Amanda Bryson

Mother's  
Birthplace

Md

Name of person giving  
Information

Mrs Annie Scott

How related  
to deceased

Grand mother

## CAUSES OF DEATH

72

X

Primary

Tetanic Convulsions

How long

48 hours

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. Arthur Mitchell M.D.

Address

Elkton Md.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

Samuel Bell Nesbitt

Town

County

Died at

Colara

Cecil

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 July Sixth

Age

78

8

4

Sex

Male

Color or  
Race

White

Birth-  
place

Cecil Co. Md

Occupation

Stone Mason

Where Residing if not  
at place of death

at home

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Susan J. Nesbitt (dec)

Father's  
Name

Robert Nesbitt

Father's  
Birthplace

Cecil Co

Mother's  
Maiden NameEleanor ~~Nesbitt~~ HindmanMother's  
Birthplace

" "

Name of person giving  
Information

E. O. Nesbitt

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Chronic Paralysis

How long

5 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Ernest Rowland  
Liberty Groves  
MdTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

*F Ambrose Price*  
 Town County

Died at

*Elkton Hospital Cecil*

MARYLAND

Date

of death

1909 July

28

Age

54

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Ind

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
HusbandFather's  
Name

Jeremiah Price

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Ellen Price

Mother's  
Birthplace

"

Name of person giving  
Information

Mrs Ambrose Price

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Bright's Disease  
Exhaustion

How long

120

X

6 months

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Wm D. Crawley  
Baltimore  
Ind

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



TO BE ANSWERED BY  
NEAREST FRIEND

Emily F. Reed

CERTIFICATE OF DEATH

Died at		Town Cockeysville		County Lebanon		MARYLAND	
Date of death	1909	Month 7	Day 20	Age 87	Months	Days	
Sex	Female	Color or Race	White	Birth- place	Maryland		
Occupation	Housework			Where Residing if not at place of death			
Married, single or Widowed	Widowed		Name of Husband	William Reed			
Father's Name	Hugh Telford			Father's Birthplace	Maryland		
Mother's Maiden Name	Ann Rammage			Mother's Birthplace	Maryland		
Name of person giving In formation	Howard Scott			How related to deceased	Nephew		

CAUSES OF DEATH

Primary	Asthemia	How long	14 X
	Dysentery	How long	1 year
Immediate			Week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		O. J. Corries MD	
		Address Cherry Hill Md	
Accident or Suicide			

PHYSICIAN  
OR CORONER

242

Name  
in  
Full

Aimee Rebecca Richardson

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Elktown<sup>County</sup> Cecil

MARYLAND

Date of death 1909 July

Day 4

Age 58

Months

Days

Sex Female

Color or Race Colored

Birth-place Maryland

Occupation Washerwoman

Where Residing if not at place of death

Married, Single or Widowed Widowed

Name of Wife or Husband Henry Richardson

Father's Name - Don't know

Father's Birthplace Ind

Mother's Maiden Name Ellen Emory

Mother's Birthplace Ind

Name of person giving Information Delia Hollman

How related to deceased daughter

## CAUSES OF DEATH

104

How long

3 days

Primary Acute Gastritis

Immediate Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

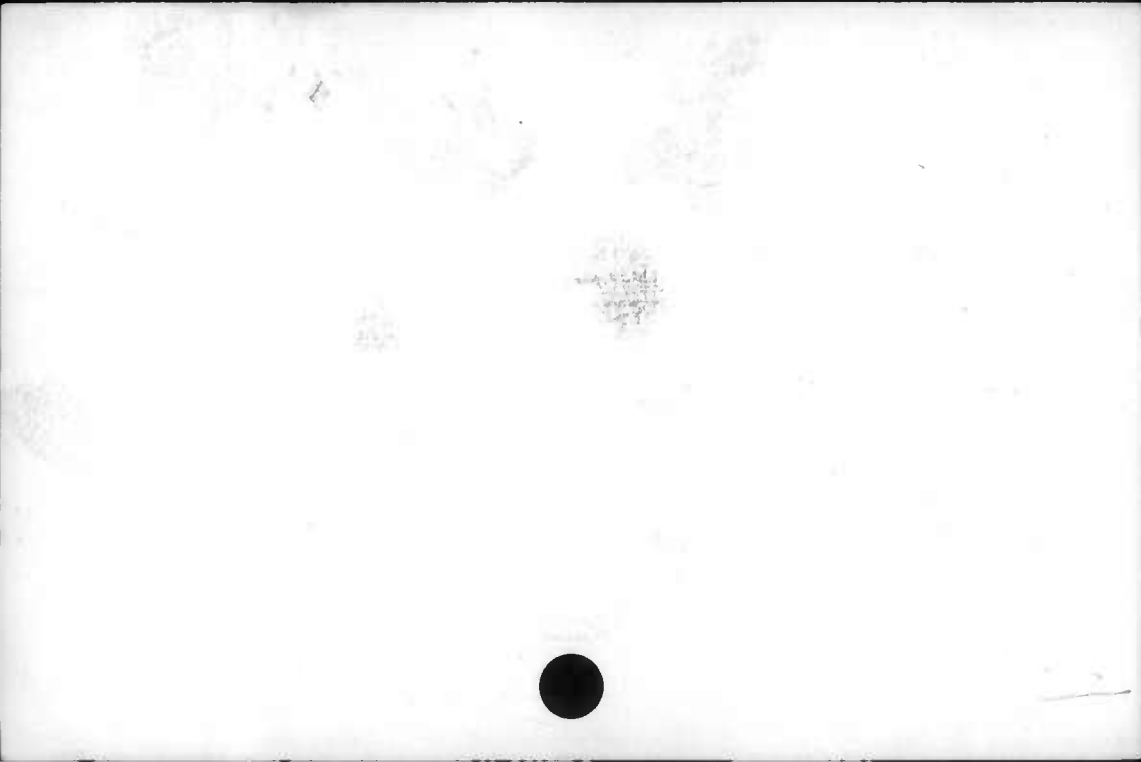
Yes

Signature of Physician

Winifred A. Morrison  
Address Elktown, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

*Cecil Scott*

CERTIFICATE OF DEATH

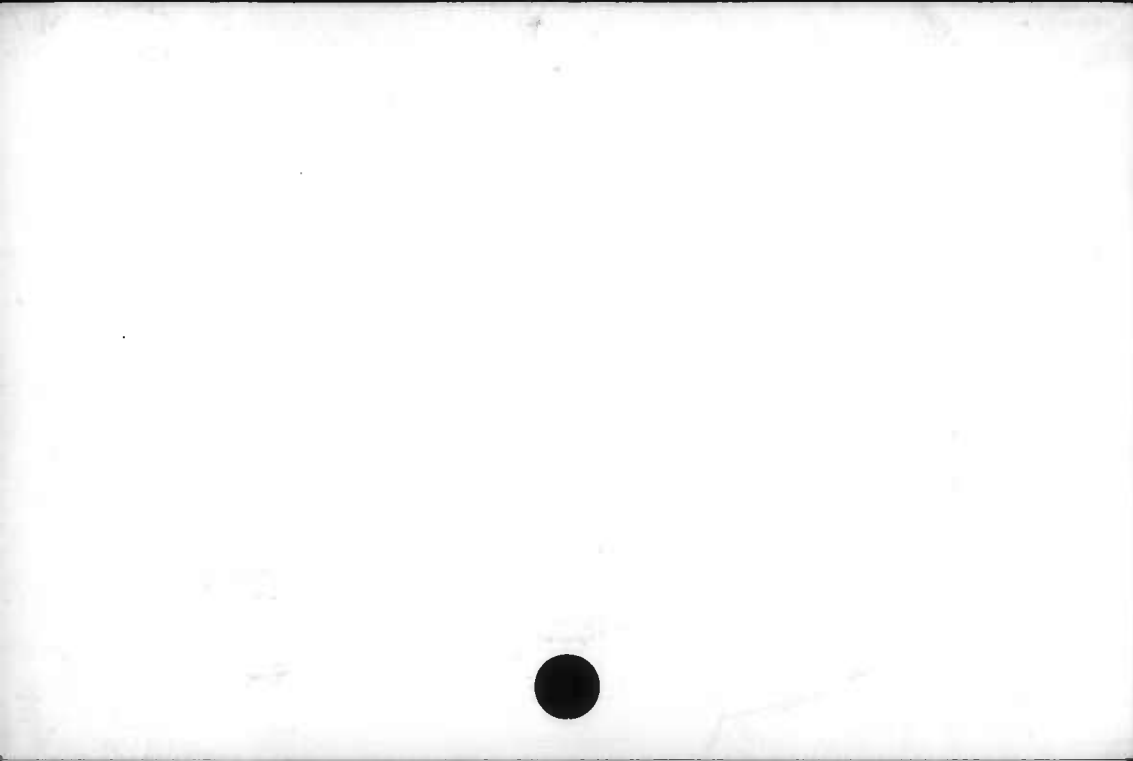
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Principio Furnace</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1909	Month	7	Day	12
Age		48		Months	—
Sex	Male		Color or Race	White	
Occupation	Labourer		Birth-place	—	
Married, Single or Widowed		Name of Wife or Husband		Where Residing if not at place of death	
Married		Jane Scott		—	
Father's Name	Unknown		Father's Birthplace	—	
Mother's Maiden Name	Mary A Scott		Mother's Birthplace	Cecil Co	
Name of person giving information	Jane Scott		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Brain Tumor</i>	How long	<i>66</i> X
Immediate	<i>Paralytic, result of tumor</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
<i>[initials]</i>	<i>J. H. Hunt</i>	<i>Perryville, Md</i>	
Accident or Suicide	—		



Name  
in  
Full

May E. Shaul

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Port Deposit		County Cecil		MARYLAND	
Date of death		1904	Month 7	Day 10	Age Years	Months	Days 10
Sex Female		Color or Race white		Birth- place Port Deposit			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Howard Shaul				Father's Birthplace Columbia			
Mother's Maiden Name Martha Creswell				Mother's Birthplace Rising Sun			
Name of person giving In formation Howard Shaul				How related to deceased Father			

## CAUSES OF DEATH

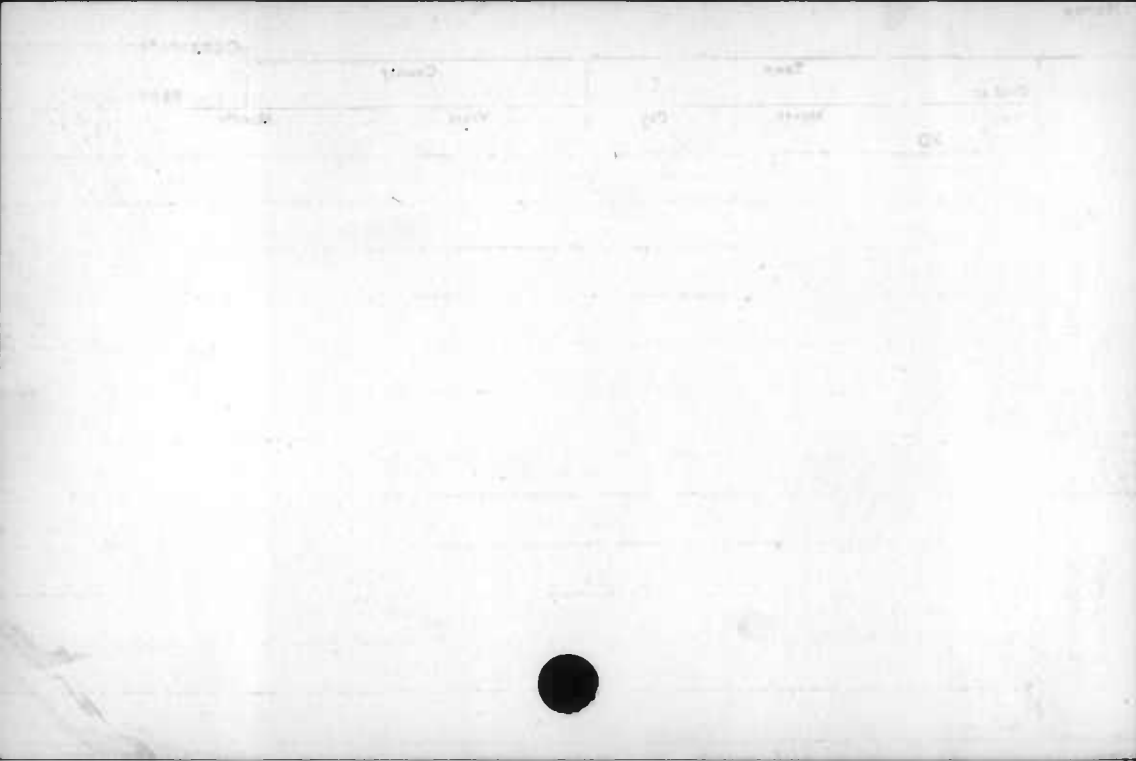
151

How long

5 days

PHYSICIAN  
OR CORONER

Primary Junction		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. E. Clendenen	
		Address Port Deposit	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *John A. Smith*  
*near Port-Deposit Cecil*Date of death *1909 July*Day *26* Age *44*Months *—* Days *—*Sex *Male*Color or Race *White*Birth-place *Cecil Co Md*Occupation *Labourer*Where Residing if not  
at place of deathMarried, Single  
or Widowed *Single*Name of Wife or  
HusbandFather's Name *Joshua Smith*Father's Birthplace *Cecil Co*Mother's Maiden Name *Fancy F Gray*Mother's Birthplace *" "*Name of person giving  
Information *Hannah Jennings*How related  
to deceased *Sister*

## CAUSES OF DEATH

Primary

*Quincy followed by Septis*How long *10 days*

Immediate

*Acute & Colitis*How long *48 hrs*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*W. E. Lock  
Liberty Grove  
Md.*

Accident or Suicide

PHYSICIAN  
OR CORNER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Eva Stebbings* Town *Port Deposit* County *Cecil* MARYLAND  
Died at  
Date of death *1909 July 21* Age *42* Months *—* Days *—*  
Sex *Female* Color or Race *White* Birth-place *Port Deposit*  
Occupation *Housekeeping* Where Residing if not at place of death  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Frederic Stebbings* Father's Birthplace *Cecil Co*  
Mother's Maiden Name *Mary T Stebbings* Mother's Birthplace *" "*  
Name of person giving Information *Laura Stebbings* How related to deceased *Sister*

CAUSES OF DEATH

**169**

PHYSICIAN  
OR CORONER

Primary *Heart Stroke* How long *7 days*  
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide





Name  
in  
Full

Mary T Stebbings

CERTIFICATE OF DEATH

Died at <i>Port Deposit</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	July	Day	12
Age	72	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Cecil Co Md
Occupation	Housekeeping		Where Residing if not at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	<del>Fredrick</del> Stebbings		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	"		Mother's Birthplace	Unknown	
Name of person giving Information	Laura Stebbings		How related to deceased	Daughter	

CAUSES OF DEATH

Primary	<i>Legionnaires</i>	<i>14</i> <sup>How long</sup>	<i>8 days</i>
Immediate		<i>How long</i>	

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*H E Clummond*  
*Port Deposit*

*8*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Henry C Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Aikin* *Cecil* County  
Date of death 190*9* Month *7* Day *19* Age *4* Months *4* Days *—*  
Sex *Male* Color or Race *White* Birth-place *Aikin Ind*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*Alford Todd*

Father's Birthplace

*Cecil Co*

Mother's Maiden Name

*Agnes Aikin*

Mother's Birthplace

*" "*

Name of person giving Information

*Alford Todd*

How related to deceased

*Father*

CAUSES OF DEATH

Primary

*Over Exertion*

How long

*2 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

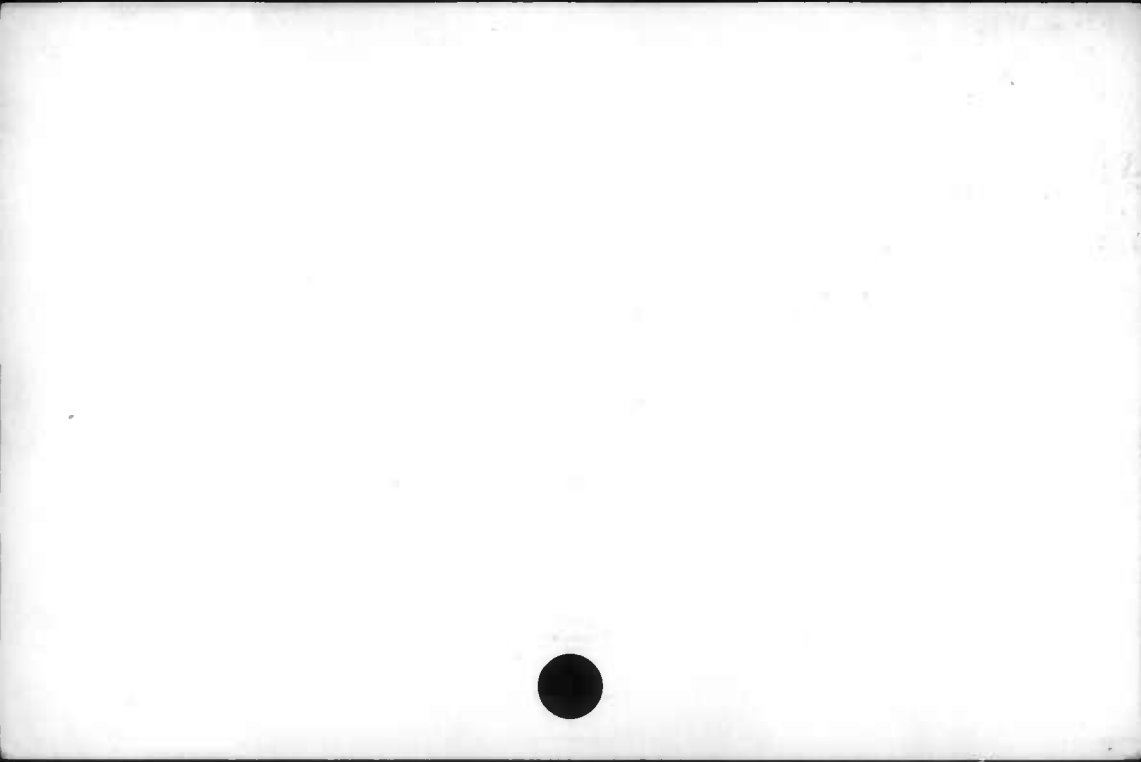
Signature of Physician

Address

*Geo. W. Henry  
Perryville Ind*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Rachel Clara Emma Todd

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Pleasant Hill

Beebe

Date

of death

1909 July

Day

10

Age

33

Months

11

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of ~~Wife~~ or  
Husband

Walter Todd

Father's  
Name

Richard B. Marx

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Margaret J. Clark

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Mrs Theodore Spencer

How related  
to deceased

Sister

## CAUSES OF DEATH

43

X

Primary

Cancer of the Breast

How long

About 2 years

Immediate

"

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Chas. S. Miller,

Address

North East,  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

446



Name  
in Full

Elizabeth Washington

CERTIFICATE OF DEATH

Died at <sup>Town</sup> War Earlville <sup>County</sup> Cecil

MARYLAND

Date of death 1909 <sup>Month</sup> 7 <sup>Day</sup> 31 Age <sup>Years</sup> 42

<sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race Colored

Birth-place Cecil Co. Ind

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William Washington

Father's Name James Biddle Father's Birthplace Cecil Co Ind.

Mother's Maiden Name Rosa Wilson Mother's Birthplace Cecil Co Ind.

Name of person giving Information Raymond Biddle How related to deceased Brother

CAUSES OF DEATH

Primary Pulmonary Disease of Heart - How long 5 years

Immediate Coronal Hemorrhage How long 6 or 8 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician E. N. Crawford

Address Laurelton Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

